

## Addressing the Blind Spot in Achieving Epidemic Control in Malawi: Implementing “male-friendly” HIV services to increase access and uptake

**COUNTRY:** Malawi

**IMPLEMENTING PARTNER:** Elizabeth Glaser Pediatric AIDS Foundation

### WHAT WAS THE PROBLEM?

In Malawi, men living with HIV (MLHIV) are less likely than their female counterparts to be aware of their HIV status, to be on antiretroviral treatment (ART), and to be virally suppressed. As a result, men are more likely to die of HIV-related causes. Some of the barriers experienced by men relate to access to HIV services, which are typically provided during working hours in congested facilities, and insufficient information about the importance of knowing your status and initiating ART early. Additionally, men may have perceptions of stigma when accessing HIV testing services through maternal and child health service (MCH) platforms.

### WHAT IS THE SOLUTION?

To address barriers that prevent men from accessing services, a differentiated service delivery model for men was designed and implemented as a demonstration project by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in three high-volume district hospitals in Mchinji, Ntcheu, and Dedza in 2017. EGPAF later expanded the intervention to two additional districts based on lessons learned from these initial three locations. The demonstration project was conducted in referral hospitals located in rural settings. Male-friendly clinics provide integrated HIV, reproductive health, and non-communicable disease (NCD) services during times that are more suitable for men; in this case, on Saturdays from 7:30 am-2:00 pm. EGPAF designed “male-friendly” services with input from MLHIV with male clinicians providing the services. To minimize stigma, men reported that integrating services for NCDs (specifically hypertension and diabetes screening) was important. The Malawi Ministry of Health (MOH) already provide these services, so this represented a change in service flow rather than the introduction of new services. Using data from the Malawi Population-based HIV Impact Assessment (MPHIA) and small area estimates, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) prioritized 10 districts for intensive focus in the push to reach 95-95-95 by 2020. Based on these data, 64 percent of those who need to be newly enrolled on ART are men, with 48 percent being men ages 25 years and older. Following the pilot, EGPAF has scaled up male-friendly services to all of their prioritized districts as of October 2018.

### WHAT WAS THE IMPACT?

At the three pilot male-friendly clinics, EGPAF supported health workers to offer provider-initiated testing and counseling (PITC) in addition to routine screening for sexually transmitted infections (STIs), hypertension, and diabetes on Saturdays. EGPAF reported that from May-December 2017, 1,827 men

## PEPFAR SOLUTIONS PLATFORM (BETA)

attended the male-friendly clinics at the three pilot sites, representing a mean of 228 male clients per month.

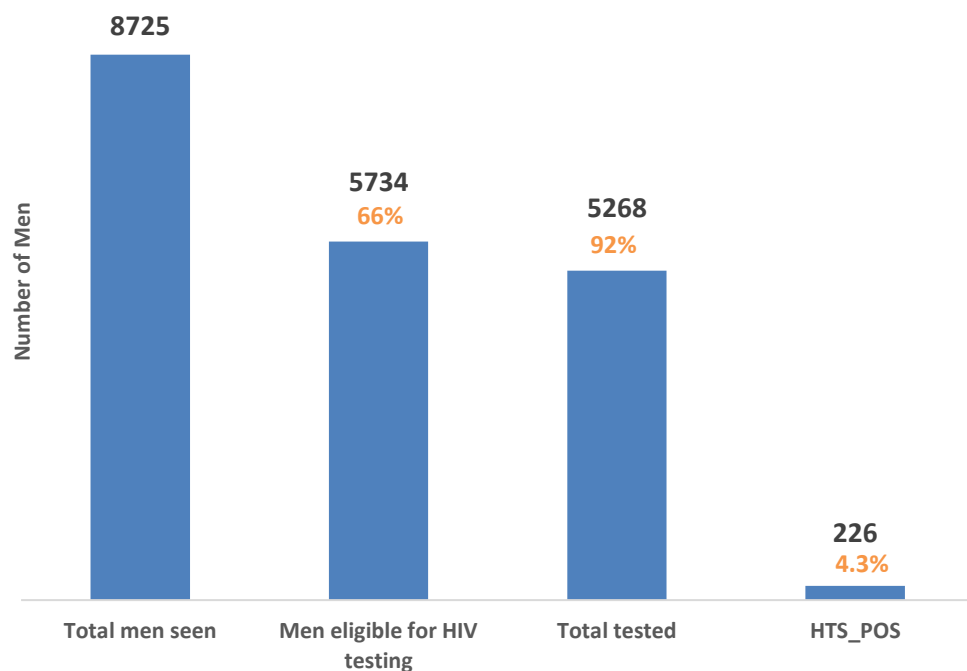
Of the 1,827 male clients attending (May to December 2017),

- 1,294 were eligible for testing,
- 94 percent (1216/1294) of clients received HIV testing, and
- 61 new positives were identified, representing an HIV positivity rate of 5 percent.

During this reporting timeframe for the pilot, 6 percent (78/1294) of men declined PITC because they indicated that they were not ready to be tested. Ninety-five percent (95 percent) of the newly-identified HIV-positive clients were initiated on ART, with 56 percent (34/61) starting on ART on the same day. General health screenings identified that of the 1,827 male clients attending male-friendly clinics, 0.8 percent were diagnosed as new diabetics and 3.2 percent were newly identified as hypertensive. Of the male clients screened for STIs, an estimated 6 percent (104/ 1735) were new STI cases.

From January-October 2018 there were 8,725 clinic attendances by men. Of those, 66 percent were eligible for HIV testing, 92 percent were tested, and 226 new positives were identified, representing a yield of 4.3 percent (Figure 1).

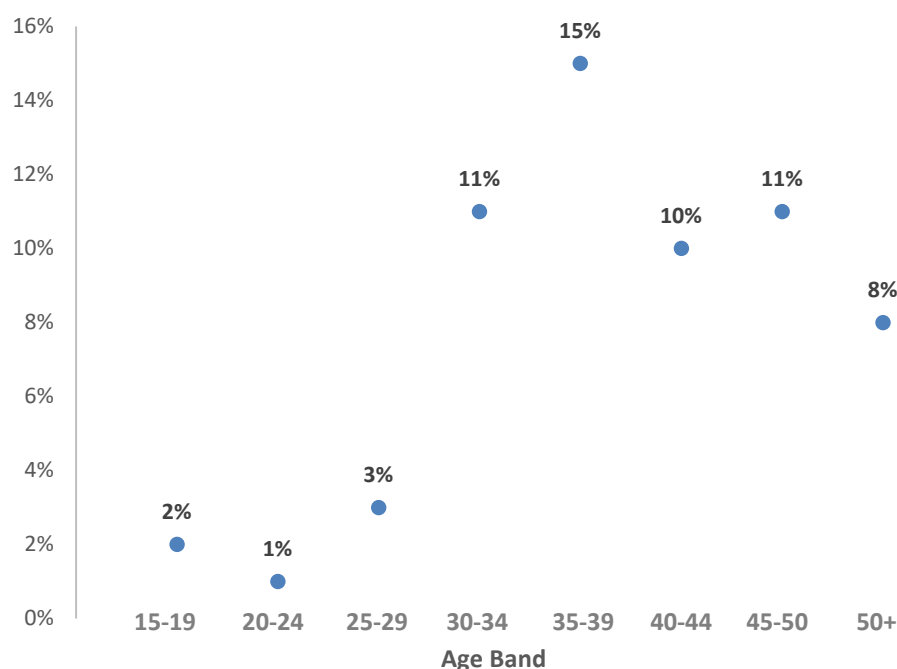
**Figure 1.** High rate of HIV testing uptake for men attending male-friendly clinics at all sites in 5 EGPAF-supported districts from January to October 2018.



## PEPFAR SOLUTIONS PLATFORM (BETA)

There is variation across the districts in the HIV positivity rates of men tested at the male-friendly clinics. While the national average HIV positivity rate is 3.1 percent (MOH, 2017), the mean HIV positivity rate at male-friendly clinics is 5 percent. Figure 2 below also demonstrates the variability in yield among age groups, with men ages 35-39 having the highest HIV positivity rate of men tested at male-friendly clinics.

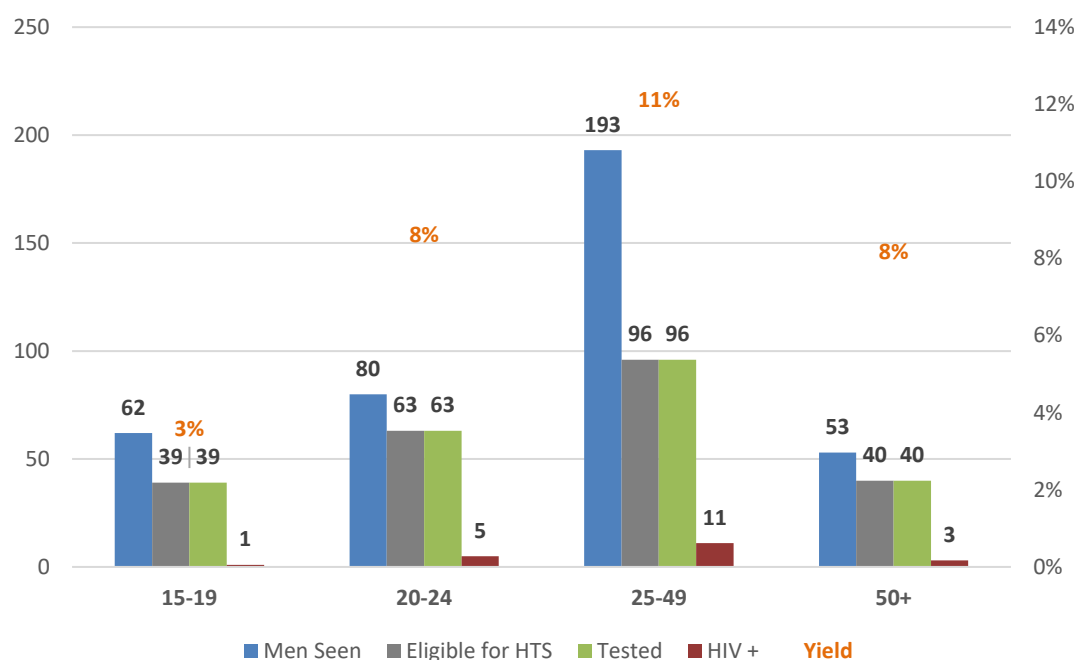
**Figure 2.** High yields in target population of men over 25 years of age.



A more granular analysis was conducted for Blantyre district using data from January-May 2018 (Figure 3). Both HIV testing service uptake and yield show that male-friendly clinic services are being accessed by the target age group of men over age 25. The outpatient department registers in Blantyre were modified to capture additional variables and determine the uptake of HIV testing among men who were eligible for testing in accordance with the national HTS guidelines, since some clients already know their HIV status. In Malawi, the schedule for retesting in HIV-negative persons with ongoing risk behavior is every 12 months. If they are symptomatic with STIs and high risk, or have had a specific incident of HIV exposure (either known exposure in the past 3 months or possible exposure in the past 72 hours), then retesting is offered after 4 weeks. Among men attending the male-friendly clinics in Blantyre district, 100 percent of men defined as eligible for HIV testing were tested (59 percent of all attendees). One hundred percent of those identified as HIV-positive were enrolled in male-friendly ART services.

## PEPFAR SOLUTIONS PLATFORM (BETA)

**Figure 3.** 100 percent uptake of HIV testing among those eligible in Blantyre district (January-April 2018)



## HOW DOES IT WORK?

### INDIVIDUAL LEVEL

According to the 2016 MPHIA, men's lack of awareness of their HIV-positive status was linked to being unmarried, being younger in age, and residing in urban locations. More men reported being tested in urban areas in the last 12 months compared to rural areas at the male-friendly clinics supported by EGPAF. Of the men never tested for HIV, 25 percent reported not needing a test or perceiving that they were at a low risk.

From literature reviews, some of the barriers experienced by men relate to access and acceptability of HIV service delivery:

- There is anecdotal evidence that services may not be provided in an environment that is conducive to men's needs
- Few health services that men routinely access are integrated with HIV testing. In contrast to men, women in the sexual and reproductive age group routinely access provider initiated testing and counselling through MCH service platforms at facility and community level
- Men may not want to access HIV testing services through MCH platforms because they are embarrassed to be in a perceived "female space"
- Due to limited contact with health services, men also may have lower health literacy levels in comparison to women who receive health education messages more frequently
- Providers offer HIV services during working hours and clients may experience long waiting times at congested facilities

## PEPFAR SOLUTIONS PLATFORM (BETA)

Male-friendly clinics are designed to address these barriers.

EGPAF conducted exit interviews with 75 men in the first two months of establishing the male-friendly clinics. The majority of men participating in the interviews, who were mostly between ages 25-49, reported being more comfortable in the clinic since only other men were present [68 percent (51/75)]. Most men surveyed also reported that Saturdays were convenient for clinics to be open [83 percent (62/75)].

### SERVICE DELIVERY LEVEL

The EGPAF intervention package was initially piloted in three district hospitals in Mchinji, Ntcheu, and Dedza. Although these three districts are rural, the district hospitals are located in areas with trading centers and hot spots for HIV transmission. Male-friendly clinics were open on Saturdays from 7:30 am – 2:00 pm. These services are exclusively for men and are also run by male providers. They include HIV testing services, ART and screening and management of STIs and NCD (hypertension and diabetes) leveraging existing programs. Health services are provided free of charge to the patient in these settings. To increase awareness of the services provided at male-friendly clinics, health education advice is provided during routine outpatient service delivery. EGPAF conducted sensitization and mobilization through local radio stations and community announcements so that men in the community were aware of the male-friendly clinics. Attrition was associated with services in one district where group counselling was required prior to ART initiation. To address this, male-friendly clinics provide individual pre-ART initiation counselling.

The table below describes staffing at each male-friendly clinic.

<b><i>Cadre</i></b>	<b><i>Quantity</i></b>	<b><i>Responsibility</i></b>
Male Clinician	2	Providing clinical consultations
Male Nurse	1	Performing vital signs measurements
Male HTS Provider	2	Providing HIV testing services Recording patient details in the male-friendly clinic register
Data Clerk	1	Documenting patient records in all relevant clinic registers (e.g. outpatient department, sexually transmitted infection register)
Patient Attendant	1	Optimizing patient flow Performing rapid test for malaria and diabetes

### HEALTH SYSTEMS

The commodities for HIV testing, ART and the management of opportunistic infections and STIs are supplied to the MOH through the Global Fund grant. The MOH predominantly finances drugs for the management of hypertension and diabetes.

# PEPFAR SOLUTIONS PLATFORM (BETA)

## LOCAL ENVIRONMENT

EGPAF obtained feedback from men attending routinely available services to refine components of the service delivery model. These included male clients attending other health services for various reasons prior to the implementation of the male-friendly clinics. EGPAF's engagement with the District Health Management Team in each district shaped the male-friendly clinic's design and enabled the integration of the services at MOH sites. Based on feedback from the male clients, integration of multi-disease screening services and the male-friendly environment seem to be critical components of the appeal of this service delivery model. Attending a clinic with male health care workers and with a waiting area exclusively for men has made men more open to the idea of seeking screening services at the hospital.

## NATIONAL ENVIRONMENT

At a national level, the National Strategic Plan for HIV and TB promoted the need for innovating HIV case identification strategies that are tailored to serve the needs of men. MPHIA data further highlighted the need for testing and treatment approaches that address the bottlenecks limiting men's access to HIV services. In response, the MOH's HIV Department established a sub-committee to identify differentiated care models. This group is advocating for the scale-up of male-friendly health services. The scope of this sub-committee has since expanded to include the development of operational guidance. EGPAF's experience with implementation will inform this guidance.

## SCALE UP

Male-friendly services have been scaled up from an initial three pilot sites in May 2017 to 25 sites as of October 2018 in EGPAF-supported districts. The site selection is based on a facility's physical space availability to run a dedicated clinic with HIV services and operational NCD programs supported through the MOH. No additional staff were recruited to provide services. The providers are nurses and clinical officers (paramedics) who are employed by the MOH. The implementing partner supported the development of staffing plans to ensure that the shifts on the weekend are staffed and compensation is provided, aligned with the Ministry policies. Although the pilot sites were conducted in hospitals this model has also been rolled out to health centers.

## MANAGEMENT AND OVERSIGHT

*PEPFAR Team Involvement:* Accelerated testing and treatment of men is a prioritized strategy, following MPHIA results showing lower uptake of HIV services by men. The male-friendly service delivery model is one of the innovations proposed by PEPFAR implementing partners to address barriers to HIV service uptake.

*Implementing Partner:* The implementing partner engaged the district-level MOH officials in the conceptualization of this model. This was necessary to obtain buy-in and for collaboration, so that the district-level MOH management would provide clinic space, staff, and supplies to operationalize this model. EGPAF held meetings to review routinely-collected program data with MOH health workers. After the data review and identifying gaps, the team lead agreed to establish the male-friendly clinics on

## PEPFAR SOLUTIONS PLATFORM (BETA)

Saturdays to ensure there was enough space for consultation and HIV testing and counseling services. The facility in-charge ensures there is a schedule and providers report for work on time as planned.

*Implementing Mechanism Management:* The implementation timeframe of this innovation coincided with the end of an award and the commencement of a new award with relocation of implementing partners to other districts. As a result, the services have been scaled up to high priority districts in 2018.

*Monitoring:* Nationally standardized monitoring and evaluation tools for general outpatient and HIV services are used for reporting of screening for NCDs, HIV testing, and ART initiation. EGPAF modified the outpatient register to capture variables on the client's eligibility for testing, in accordance with the national HIV Testing guidelines. Staff used the national tools for reporting aggregate data for the HIV, STI and NCD programs on a monthly basis.

*Communications and Feedback Loops:* EGPAF conducted exit interviews with men who attended male-friendly clinics during the pilot phase and their feedback informed the delivery of services.

*Cost of solution:* EGPAF incurred costs primarily for the level of effort for both MOH and EGPAF staff. Other costs are minimal. EGPAF spent approximately USD 32 per day per facility on lunch allowances for staff. They spent USD 400 per facility for basic medical equipment as a one-time procurement. The total cost is estimated at USD 2,000 per year per facility.